



SACRAMENT PREPARATION REGISTRATION

2025 - 2026

Our Lady of Fatima & Immaculate Conception Parish
724 Main Street
New London, NH 03257



Student's Name: _____
First (Legal) Middle Last

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

DOB: __/__/__ Gender: M/F Grade in the Fall: _____ School: _____

Date of Baptism: __/__/__ Place of Baptism: _____
Church City/State

NOTE: If your child was not Baptized at Our Lady of Fatima or Immaculate Conception, then a copy of your child's Baptism Certificate is required to be submitted to the Faith Formation Office by Sept. 1st.

SACRAMENT RECEIVING:

(Please circle which apply for this year only!)

Reconciliation **Confirmation & First Communion** **Confirmation Only**

PARENT INFORMATION:

Father's Name: _____ Roman Catholic: ___ Yes ___ No

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Mother's Name: _____ Roman Catholic: ___ Yes ___ No

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

EMERGENCY CONTACT: _____

* Children receiving their Sacraments are required to attend **all** classes. Absences must be made up. Please notify the Faith Formation Office for all materials and make-up work.